



Village of Ashville
 P.O. Box 195
 200 East Station Street
 Ashville, OH 43103
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We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, sex, religion, handicap, national origin, age, marital or veteran status or in the presence of unrelated medical condition or handicap.

Employment Application

Date: _____

PERSONAL INFORMATION

Date _____ Social Security Number Last 4 # *-*-*--**--_ _ _ _

Name _____

_____ Last First Middle

Present Address _____

_____ Street City/Village State Zip

Permanent Address _____

_____ Street City/Village State Zip

Phone Number _____

Referred By (Phone #) _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Date You Can Start? _____ Salary Desired? _____

Are You Employed Now? Yes No If So May We Inquire of Your Present Employer? Yes No

Ever Applied for Employment with Ashville Before? Yes No When? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied & Degree(s) Received
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Activities (Civic, Athletic, etc.), Other Than Religious _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain: _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS. REQUESTING RELIGIOUS INFORMATION IS NOT PERMISSIBLE BY LAW

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month & Year	Name, Address, & Phone # of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

May we contact your previous supervisor (s) for a reference? Yes No

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address, & Phone #	Position	Years Acquainted
1.			
2.			
3.			

Military Service

Branch		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY MISDEMEANOR AND SUBJECT TO A FINE NOTTO EXCEED \$100."

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

If you are to be hired by the village, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION – DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Village of Ashville.

I understand that any employment is conditioned on a background check. I authorize the Village of Ashville to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Village, without giving me prior notice of such disclosure. In addition, I release the Village, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Village of Ashville. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Village unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Village of Ashville and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Village the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Village's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Village of Ashville to hire. If hired, I agree to abide by all Village work rules, policies and procedures. The Village retains the right to revise its policies or procedures, in whole or in part, at any time.

DATE _____

SIGNATURE _____